

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10/507167	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4	/						54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9	/						59						
10		/					60						
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12		/					62						
13		/					63						
14		/					64						
15	/						65						
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17		/					67						
18		/					68						
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39		/					89						
40		/					90						
41		/					91						
42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	1												
TOTAL DEP.	21	↔			↔			↓		↓		↓	
TOTAL CLAIMS	28												